

KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, KY 40222-5172

ADVANCED PRACTICE NURSING PROGRAM RECORD

To be submitted to KBN within 30 days of appointment, along with current CV and letter of appointment from a college official

Submitted By: _____ Campus/Location: _____
Name of College/University- DO NOT ABBREVIATE

Type of Program: ☐ DNP/APRN ☐ MSN/APRN

Website Address of Nursing Program: _____

Type of Appointment: ☐ APRN Coordinator ☐ Interim APRN Coordinator ☐ Track Coordinator ☐ Nurse Faculty

Name of Appointee: (Name as it appears on individual's nursing license)

Last Name First Name Middle Name Maiden Name

Appointment Date (mm/dd/yy): ____/____/____ E-Mail Address: _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Adjunct

RN License #: _____ Compact License: ☐ Yes ☐ No State of Primary Residence: _____ Expires: _____

APRN License #: _____ Date of Licensure as APRN: ____/____/____
Month Year

APRN Population Focus: _____

Certification: _____

Certification Agency: _____

Certification Expiration: _____

License(s) has been verified on line at the appropriate Board of Nursing: ☐ Yes ☐ No

License(s) is Active & Unencumbered: ☐ Yes ☐ No, Explain: _____

"Earned" Nursing Educational Degrees: (Check all that apply)

☐ Diploma- School: _____ Yr: ____ ☐ Masters in Nsg- School: _____ Yr: ____
☐ Associate- School: _____ Yr: ____ ☐ Post Masters Cert.: _____ Yr: ____
☐ Bachelors- School: _____ Yr: ____ ☐ Doctorate in Nsg- School: _____ Yr: ____
☐ Doctorate in Other Field- School: _____ Yr: ____

Additional "Earned" Non-Nursing Education Obtained:

College/University _____ Degree _____ Degree Awarded _____
Yr: ____

The "Criteria for Evaluation of Nurse Practitioner Programs," which is utilized to meet the standards of the accrediting agencies accepted by the KBN (201 KAR 20:062), states "An APRN program shall comply with the standards of its national nursing accrediting body." An APRN Program Coordinator shall have the following qualifications:

APRN Programs

1	A current, active, unencumbered APRN license or privilege to practice in Kentucky.
2	The Program Director/Coordinator shall be nationally certified in at least one designation/population focused area.
3	The faculty member of multi-track programs, who provides direct oversight for a population focused track, shall be certified in that track.
4	Provide Curriculum Vitae.

I certify that the information is correct and complete to the best of my knowledge.

Signature of Appointee/Licensee _____ Date _____

Please Include: copy of current CV **AND** letter of appointment on letterhead from a college/university official

Office Use Only: Review Date: _____ By: _____ KBN #: _____ Entered: _____

Codes: ☐ None Other: _____ Letter Sent: ☐ Education Needed ☐ Name Change ☐ License Other State ☐

Rev: 08/16